

LOI 00000085de

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS

APR 14 2008

EXAMINER

Office Use Only



500120814495

04/11/08--01002--014 **25.00

FILED
2008 APR 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. N. Technology LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

M. GIRON

(Name of Person)

Accu-Tax & Acct Svcs Inc

(Firm/Company)

P.O. Box 5032

(Address)

Deerfield Beach FL 33442

(City/State and Zip Code)

For further information concerning this matter, please call:

M. GIRON

(Name of Person)

at (954) 574 0081

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C. A. TECHNOLOGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L01000008566

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Q. A. TECHNOLOGY LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

QUINTIN JAMES

New Registered Office Address:

136 NE 4TH AVE

(Enter Florida street address)

DEERFIELD BEACH

Florida

3344

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

2008 APR 11 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STUART WEXA	1382 NW 80TH WAY BLDG 19 PLANTATION FLORIDA 33322	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	QUINTIN JAMES	757 SE 17TH ST #99 FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	AMMERLI VORSTEN	757 SE 17TH ST. #99 FT LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

4. 7. 2008

Signature of a member or authorized representative of a member

Q. James

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 APR 11 AM 11:04

FILED